<u>0</u> 1		C471
చ		
82		
	-	

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorn	ey Docket No.	5146-	03	÷
First II	nventor	JONA	THAN KOST	L7.4
Title	MYOTHERAPY MASS	AGE DEVIC	=	Ę
		EV	019686957	IIS

(Only for new nonprovisional applications under 37 CFR 1.53(b))		b)) Ex	xpress Mail Label No. E	V 01968	6957 US	
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application			
	cerning utility patent application cont	ents.		shington, DC 20		
1. Fee Transmittal F (Submit an original and a Applicant claims: See 37 CFR 1.27 3. Applicant claims: See 37 CFR 1.27 3. Specification (preferred arrangeme) - Descriptive title - Cross Reference - Statement Reg - Reference to so or a computer - Background of - Brief Summary - Brief Descriptic - Detailed Descriptic - Claim(s) - Abstract of the 4. Drawing(s) (35 U Drawing(s)) (35 U Drawing	Form (e.g., PTO/SB/17) adupticate for fee processing) small entity status. [Total Pages 24] nt set forth below) e of the invention be to Related Applications parding Fed sponsored R & D equence listing, a table, program listing appendix ithe Invention of the Invention on of the Drawings (if filed) iption]]	7 CD-ROM or CD-R ir Computer Program 8. Nucleotide and/or Amino Al (if applicable, all necessary a. Computer Readable). Specification Sequence	a duplicate, large (Appendix) (Appendix) (Appendix) (CRF) (Appendix) (Appendi	e table or Submission es); or pove copies ON PARTS document(s)) Power of Attorney applicable) Copies of IDS Citations	
signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			16. Nonpublication Re (b)(2)(B)(i). Applica			
6. Application Data Sheet. See 37 CFR 1.76			or its equivalent.			
18 If a CONTINUING APPL	ICATION chack appropriate how and	d eunnly ti	.A.CAGNV	ENT.TO PATENT.		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-n-part (CIP) of pnor application No/ Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				n is supplied under		
	19. CORRESP			mountain pures.		
Customer Number or Bar C	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below			ddress below		
Name	McCormick, Paulding & Hube	ər				
	City Place II					
Address	185 Asylum Street					
City	Hartford	Sta	ate CT	Zip Code	06103-3402	
Country	USA	Telepho	one 860.549.5290	Fax	860.527.0464	
Name (Print/Type)	MARY-JACO HOLROYD, ES	SQ.	Registration No. (Attorney	(Agent) 41,8	346	
Signature	May ley H	5		Date //	23/2002	
Burden Hour Statement: This form	is estimated to take 0.2 Yours to complet	e Time wi	I vary depending upon the needs of	f the individual c	ase. Any comments or	

the amount of time you are required to complete this form would be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to resp

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL	AMOUNT	OF P	AYMENT
-------	---------------	------	--------

ğr.ÿs

E

(\$) 592.00

Complete if Known		
Application Number		
Filing Date		
First Named Inventor	JONATHAN KOST	
Examiner Name		
Group Art Unit		
Attorney Docket No.	5146-03	

METHOD OF PAYMENT	FEE CALCULATION (continued)
1. The Commissioner is hereby authorized to charge indicated fees and credit any event-error to:	3. ADDITIONAL FEES
Deposit Deposit	Large Small
Account Number 13-0235	Entity Entity Fee Fee Fee Fee Fee Pescription Fee Paid
Deposit	Code (\$) Code (\$)
Account Name McCormick, Paulding & Huber LLP	105 130 205 65 Surcharge - late filing fee or oath
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet
Applicant claims small entity status.	139 130 139 130 Non-English specification
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination
2. Payment Enclosed: Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examıner action
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month
Large Entity Small Entity	116 400 216 200 Extension for reply within second month
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month
101 740 201 270 Hillian filling for	118 1,440 218 720 Extension for reply within fourth month
106 330 206 165 Design filing fee 370.00	128 1,960 228 980 Extension for reply within fifth month
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing
	138 1,510 138 1,510 Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 370.00	140 110 240 55 Petition to revive - unavoidable
2. EXTRA CLAIM FEES Fee from	141 1,280 241 640 Petition to revive - unintentional
Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)
Total Claims 40 -20** = 20 X 9.00 = 180.00	143 460 243 230 Design issue fee
Claims	144 620 244 310 Plant issue fee
Multiple Dependent 0.00 = 0.00	122 130 122 130 Petitions to the Commissioner
· · · · · · · · · · · · · · · · · · ·	123 50 123 50 Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity Fee Fee Fee Fee Pescription	126 180 126 180 Submission of Information Disclosure Stmt
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection
104 280 204 140 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))
109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)
and over original patent	169 900 169 900 Request for expedited examination of a design application
SUBTOTAL (2) (\$) 222.00	Other fee (specify)
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	MARY-JACO HOLROYD, ESQ.	Registration No. (Attorney/Agent) 41846	Telephone	4137365401
Signature	May as ty		Date	1/23/2002

WARNING Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

First Named Inventor		JONATHAN KOST
Title	MYOTHERAPY MASSAGE DEVICE	
Atty Docket Number		5146-03

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

MARY-JACQ HOLROYD, ESQ.

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant must notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be

published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR

COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.